

California Department of Corrections

Financial Information Memo

SUBJECT:

Adjustments to Patton State Hospital Medical
Guarding and Transportation Staffing during
the Population Processes

FIM NUMBER:

2004-03

REFERENCES:

2004/2005 Patton State Hospital Medical
Guarding and Transportation Budget Change
Proposal

DATE: February 24, 2004

DISTRIBUTION

Deputy Director, Institutions Division
Assistant Deputy Director, Institutions Division, Operations and Programs
Chief, Institution Program
Chief, Program Support Unit
Chief, Budget Management Branch

PURPOSE

Establish a procedure to track the average daily population at Patton State Hospital (PSH) and provide documentation to the Department of Finance, during the Population Budget Change Proposal (BCP) and May Revise process, communicating required staffing needs associated with Medical Guarding and Transportation at PSH.

BACKGROUND

The Department requested in the 2004/2005 PSH Medical Guarding and Transportation BCP to include adjustments to staffing requirements during the yearly Population BCP and May Revise process to account for fluctuation in PSH population. An analysis was performed on actual medical guarding and transportation expenditures from fiscal years 2001, 2002 and 2003, which equated expenditures to a .01 position equivalent per patient. Population numbers were based on reports obtained from the Department of Mental Health that display an average of PSH's daily population.

Previous to the 2004/2005 PSH Medical Guarding and Transportation BCP, a BCP was approved and later reversed that provided the CDC additional positions for the anticipated increase in population at PSH due to legislation increasing the Sexually Violent Predator (SVP) population at PSH and increasing the legislative cap from 1336 beds to 1627 beds. Although the staffing approved in the BCP was reversed due to projections showing the population would not drastically increase based on this legislation, the population at PSH continues to rise gradually due to the SVP population.

DISCUSSION

The language included in the 2004/2005 BCP that allows for adjustments to the staffing needs based on population, will provide the necessary means to ensure funding is obtained to provide medical guarding and transportation services to the increasing SVP population. Although the CDC provides visiting and packaging services in addition to

California Department of Corrections

Financial Information Memo

the medical guarding and transportation, it is not anticipated that additional staffing will be necessary to provide these services. There is currently inadequate space available to extend visiting to additional rooms that would require additional staffing. The current procedure is to deny additional visitor entrance when the visiting room is at capacity.

The Department did not have the capability of tracking expenditures based on patient commitment at the time the BCP was approved. It will be necessary to begin tracking medical guarding and transportation expenditures by patient commitment type to record those patients that fall under CDC jurisdiction and those patients that are civil commitments and thus fall under DMH jurisdiction, in an effort to improve sound fiscal management.

It will also be necessary to perform an annual analysis of expenditures at PSH to ensure the CDC is obtaining sufficient funding for providing services at PSH.

ACTION REQUIRED

The DMH shall forward Average Daily Population Reports to the Program Support Unit, Institutions Division on a monthly basis. Information from these reports will be utilized to calculate the medical guarding and transportation staffing needs at PSH. This will require the average daily population to be multiplied by the .01 position equivalent per patient. Current budgeted staffing will be compared to the number formulated from the above process to determine the change in staffing required. This change to position authority will be requested during the Fall Population BCP and May Revise processes. Annually, PSU will analyze PSH overtime and temporary help expenditures for medical guarding and transportation to ensure the .01 position equivalent per patient remains as an adequate methodology for ensuring the CDC is funded for providing these services.

The CDC staff at PSH shall develop a program to track medical guarding and transportation expenditures by patient commitment type in an effort to improve sound fiscal management and as a means to provide justification for additional staffing requirements in the future.

If you have any questions, please contact Kelly Mitchell, Staff Services Manager I, Fiscal Management and Standardization Branch, at (916) 322-9986.

ORIGINAL SIGNED BY

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